

**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
AND CHANGE OF
CORRESPONDENCE ADDRESS**

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|------------------------|-----------------|
| Application Number | 09/982,482 |
| Filing Date | 10-18-2001 |
| First Named Inventor | Csaba Truckai |
| Art Unit | 3739 |
| Examiner Name | SHAY, DAVID M |
| Attorney Docket Number | 021447-000400US |

**To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450**

Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the practitioners of record;
- ☐ the practitioners (with registration numbers) of record listed on the attached paper(s); or
- ☒ the practitioners of record associated with Customer Number: 20350

NOTE: The immediately preceding box should only be marked when the practitioners were appointed using the listed Customer Number.

The reason(s) for this request are those described in 37 CFR:

- | | | | |
|-----------------------------------------|------------------------------------------|------------------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> 10.40(b)(1) | <input type="checkbox"/> 10.40(b)(2) | <input type="checkbox"/> 10.40(b)(3) | <input checked="" type="checkbox"/> 10.40(b)(4) |
| <input type="checkbox"/> 10.40(c)(1)(i) | <input type="checkbox"/> 10.40(c)(1)(ii) | <input type="checkbox"/> 10.40(c)(1)(iii) | <input type="checkbox"/> 10.40(c)(1)(iv) |
| <input type="checkbox"/> 10.40(c)(1)(v) | <input type="checkbox"/> 10.40(c)(1)(vi) | <input type="checkbox"/> 10.40(c)(2) | <input type="checkbox"/> 10.40(c)(3) |
| <input type="checkbox"/> 10.40(c)(4) | <input type="checkbox"/> 10.40(c)(5) | <input type="checkbox"/> 10.40(c)(6) Please explain below: | |

Certifications

Check each box below that is factually correct. WARNING: If a box is left unchecked, the request will likely not be approved.

- ☒ I/We have given reasonable notice to the client, prior to the expiration of the response period, that the practitioner(s) intend to withdraw from employment.
- ☒ I/We have delivered to the client or a duly authorized representative of the client all papers and property (including funds) to which the client is entitled.
- ☒ I/We have notified the client of any responses that may be due and the time frame within which the client must respond.

Please provide an explanation, if necessary:

REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS

Complete the following section only when the correspondence address will change. *Changes of address will only be accepted to an inventor or an assignee that has properly made itself of record pursuant to 37 CFR 3.71.*

Change the correspondence address and direct all future correspondence to:

A. ☒ The address of the inventor or assignee associated with Customer Number: 27777

OR

B. ☐ Inventor or
Assignee name

Address

| | | | |
|------|-------|-----|---------|
| City | State | Zip | Country |
|------|-------|-----|---------|

| | |
|-----------|-------|
| Telephone | Email |
|-----------|-------|

I am authorized to sign on behalf of myself and all withdrawing practitioners.

| | |
|-----------|-------------------|
| Signature | /James M. Heslin/ |
|-----------|-------------------|

| | | |
|------|-----------------|-------------------------|
| Name | James M. Heslin | Registration No. 29,541 |
|------|-----------------|-------------------------|

| | |
|---------|-------------------------------------------------------------------------------|
| Address | TOWNSEND AND TOWNSEND AND CREW, LLP TWO EMBARCADERO CENTER EIGHTH FLOOR |
|---------|-------------------------------------------------------------------------------|

| | | | | | | | |
|------|---------------|-------|----|-----|------------|---------|-----|
| City | SAN FRANCISCO | State | CA | Zip | 94111-3834 | Country | USA |
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|------|------------------|------------------------------|
| Date | November 4, 2008 | Telephone No. (650) 326-2400 |
|------|------------------|------------------------------|

NOTE: *Withdrawal is effective when approved rather than when received.*